

Name (print) Thurman Carthon Office (if applicable) Govt District (if applicable)
 Mailing Address (include city and zip code) 295 Kennedy Dr Reno NV 89506 Telephone No. 775-972-1251
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☒ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 – December 31, 2003

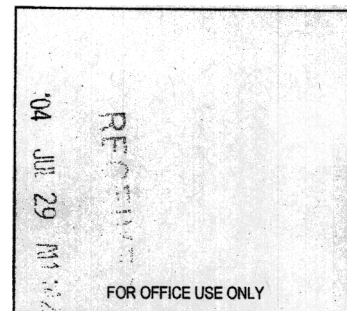
☒ **Report #1 — Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 — Aug 26, 2004
 All others Period: Jan. 1, 2004 – Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 – Aug 26, 2004

☒ **Report #2 Due — October 26, 2004**
 Period: Aug. 27, 2004 — Oct. 21, 2004

☒ **Report #3 Due — January 15, 2005***
 Period: Oct. 22, 2004 — Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☒ **Annual Filing — Due January 15, 2005**
 Period: January 1, 2004 – December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
<u>0</u>	<u>0</u>

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
<u>0</u>	<u>0</u>

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
<u>0</u>	<u>0</u>

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Thurman Carthon Date 7/12/04

Name (print) Thurman Carthon Giddens Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 295 Kennedy Dr Reno NV 89506 Telephone No. 775 972 1251
 E-Mail Address _____

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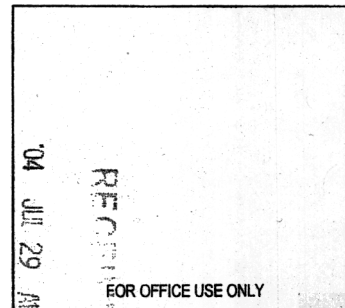
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Signature Thurman Carthon Sr Date 7/12/04

STATE OF NE
 Name (print) Thurman Carthen Office (if applicable) Gid GVT. District (if applicable)
 Mailing Address (include city and zip code) 295 Kennedy Dr 29506 Telephone No. 775-972-1751
 E-Mail Address _____

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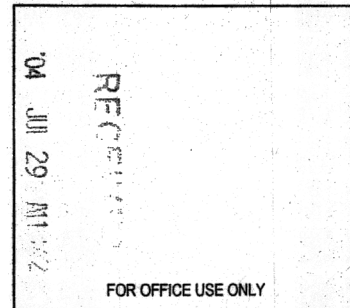
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0 | 0

0 | 0

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